

ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY  
101 East Capitol, Suite 450, Little Rock, AR 72201 (501) 682-1520  
[www.arkansas.gov/asbpa](http://www.arkansas.gov/asbpa)

**AFFIDAVIT FOR CPE EXEMPTION AND RETIRED CPA/PA STATUS**  
(Must be notarized)

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Licensee's Full Name: \_\_\_\_\_  
(Type or Print in Ink)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Certificate Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Notification Address: ☐ Home Mailing ☐ Business Mailing

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I, \_\_\_\_\_, do solemnly swear (or affirm) to the Arkansas State Board of Public Accountancy that I have reached the age of 65, and I am no longer engaged in any activities regulated by the Arkansas State Board of Public Accountancy and I wish to surrender my right to practice public accountancy and change my certificate from (circle one) Active/Inactive status to Retired status.

I understand that by doing so I give up the right to use the title of certified public accountant or licensed public accountant without including "Inactive" or "Retired" adjacent to the use of the title which includes the abbreviations CPA, PA and the word Accountant. I understand that by making this election I cannot perform or offer to perform for the public any of the services listed in A.C.A. § 17-12-505 et seq. I further certify that I have read and understand the Law and Rules of the Board.

I understand, per A.C.A. § 17-12-505 of the Accountancy Law, I must continue to renew my permanent certificate on a regular annual basis and pay the renewal fees assessed by the Board. I further understand that to convert to license to practice or to resume the practice of public accounting I must file a form prescribed by the Board and submit the appropriate fee(s) for active status (license to practice) and comply with the Continuing Professional Education provisions of Rule 13.7 as amended prior to practicing as a CPA or using the CPA title.

Additionally, I understand that a violation of A.C.A. § 17-12-505 of the Accountancy Law and/or the rules of the Board relating to improperly performing services for the public and /or using my credential in the State of Arkansas shall be subject to disciplinary action by the Board pursuant to A.C.A. § 17-12-601 et seq. or § 17-12-105 et seq.

\_\_\_\_\_  
Signature Date

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_ (Seal)